

Name in Full

Certificate of Death

Fannie Anderson

Town

County

Dorchester

MARYLAND

Died at

Date 1898  
 Month 7, Day 2, Y. M. D. Age 30  
 Native of W. Va. C. Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of  
 Wife

Father's Name Newton Hurley  
 Mother's Name Nellie Anderson

Cause of Death { Primary Anemia 42 How long sick 15 days  
 Immediate Passive Congestion of the Brain  
 Accident, Suicide, Homicide

Reported by Geo. P. Jones M.D.  
 Address E. H. Market M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 85965



*John F. Anderson*

Town

County

Died at *Albus House.**Borchute*

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
8	7	2			26	<i>Bor Co.</i>	
Male	White		Married		Widow	Divorced	
<del>Female</del>	<del>Colored</del>		Single		<del>Widower</del>	<del>Number of children living</del>	

Husband of \_\_\_\_\_  
Wife

Father's Name *Newton Hurley*

Mother's Name *Willie Anderson*

Cause of Death { Primary *Anemia* 42

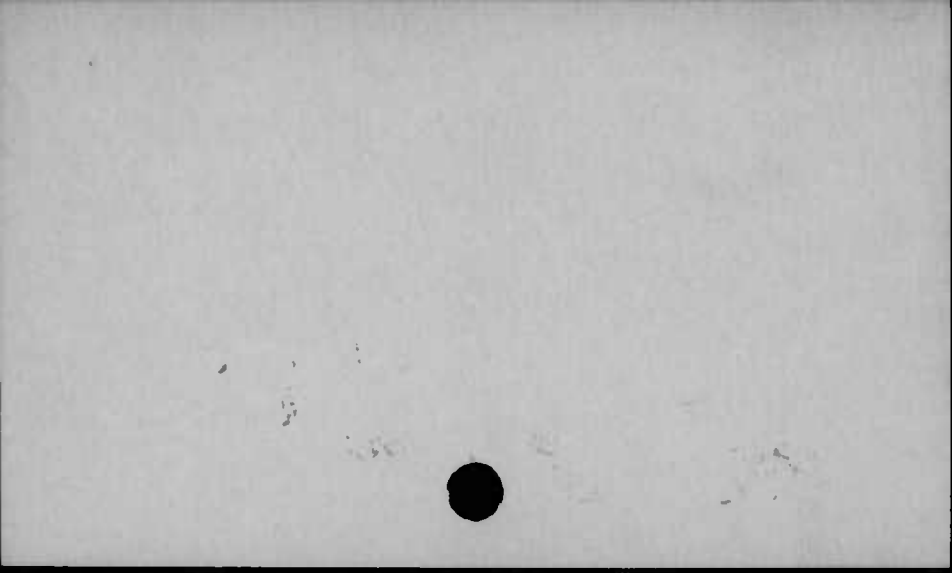
How long sick

Death { Immediate *Constriction (Parasite) of Brain*

~~Accident, Suicide, Homicide~~

Reported by *Dr. R. Jones, M.D.*

Address *East New Market, Ind.*



Walter P Coats

Town

County

Died at

Cambridge

Dorchester

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

July

22

Age

22

2

Cambridge Blacksmith

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Typhoid Fever

How long sick

1  
Two weeks -

Death

Immediate

Perforation of bowel

Accident, Suicide, Homicide

Reported by

T. M. Goltsboragh

Address

Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant daughter Capt A. J. Dunn.

Died at

Town  
Cambridge.

County

Dorchester

MARYLAND

Date 1898 .

Month

Day

July 18

Y.

M.

D.

28

Native of

Occupation

~~Gastro - Enteritis~~

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Gastro - Enteritis - 82

How long sick

Death

Immediate

Cancer

Accident, Suicide, Homicide

Reported by

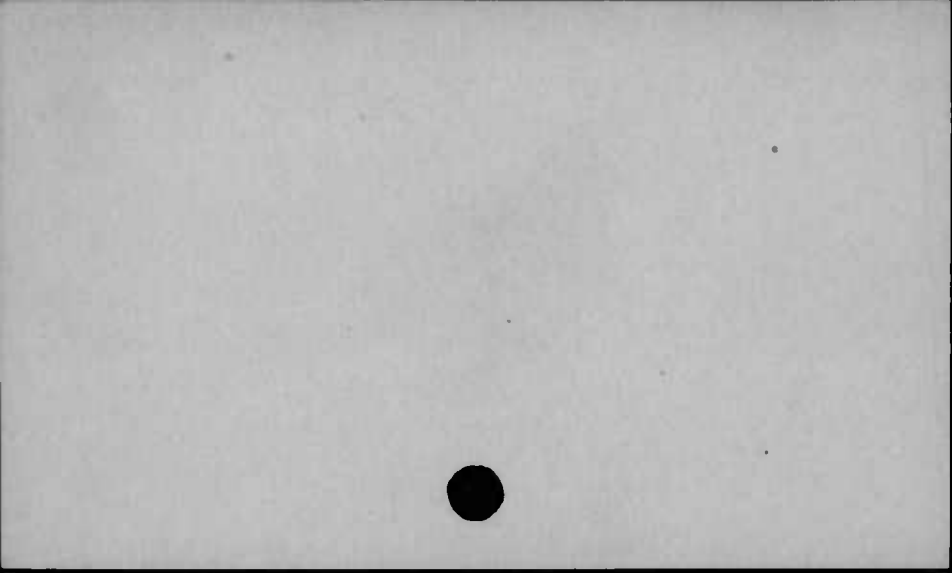
B. W. Golas

Address

Cambridge, Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

George T. Galley

Town

County

Died at

East new Market Dor -

- MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

7 30 25 4 11 Germany - Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

John Galley

Mother's

Name

Annie Pegelow

Cause of

Primary

Scarlet fever -

How long sick

Eight days

Death

Immediate

Hemorrhage on the Brain

Accident, Suicide, Homicide

Reported by

W Geo D. Jones

Address

East new Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Mattie Hearn

Town

County

MARYLAND

Died at

Lloyds

Buckroster

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

July

21

Age

11

13

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

~~Husband~~

Wife

Father's

Name

Herbert Hearn

Mother's

Name

Grace Hearn

How long sick

Cause of

Primary

Enterocolitis

82

Death

Immediate

Cholera - infantum. collapse

~~Accident - Suicide - Homicide~~

Reported by

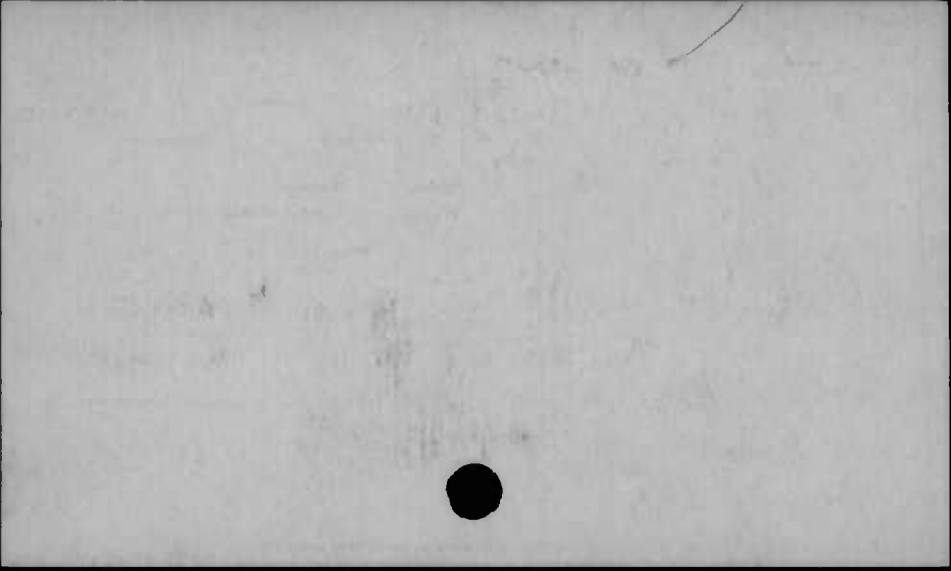
S A Stokes

M.B.

Address

Carnersville Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Irving Hughes

Town

County

Died at

MARYLAND

Date 189

8

Month

Day

July 19

Age

Y.

M.

D.

14

Native of

Md

Occupation

on Farm

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Chas Hughes

Mother's

Name

Martina Hughes

Cause of

Primary

Dissection of Brain

How long sick

3 or 4 weeks

Death

Immediate

Convulsion 52

Accident, Suicide, Homicide

Reported by

John Moore M.D.

Address

Baltimore

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Town

County

MARYLAND

Died at

Date 189 8

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

old age

Death

Immediate

Paralysis

How long sick

3 1/2 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full *Joseph Hugh Stidham*  
 Died at *Carmendy* Town *Orchester Co* County **MARYLAND**  
 Date 189 *Y* *July* Month *1* Day *6* Y. *6* M. *0* D. *0* Native of *W. Va* Occupation *lab*  
 Male *White* Married *Widow* Divorced *Widow* Number of children living *0*  
 Female *Colored* Single *Widow*  
 Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name *Joseph Stidham* Mother's Name *Rosie Stidham*  
 Cause of Death { Primary *Summer Complaint* How long sick *2 weeks*  
 { Immediate *Prostration* *82* Accident, Suicide, Homicide  
 Reported by *Dr. J. M. ...*  
 Address *Carmendy*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

